

**TRANSMITTAL  
FORM**

*(to be used for all correspondence after initial filing)*

<b>TRANSMITTAL FORM</b>		<b>Application Number</b>	10/552,095
		<b>Filing Date</b>	April 2, 2005
		<b>First Named Inventor</b>	David Harry Fortune
		Group Art Unit	1615
		Examiner Name	Unknown
Total Number of Pages in This Submission	4	Attorney Docket Number	2308/560

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Preliminary Amendment / Reply (\$_____) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request (____ months) (\$_____) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement (\$_____) <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Notification of Missing Requirements Under 35 U.S.C. 371/ Incomplete Application  <input type="checkbox"/> A copy of the Notification of Missing Requirements Under 35 U.S.C. 371 (____ pages)	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input checked="" type="checkbox"/> Declaration and Power of Attorney (3 pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition (\$_____) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer (\$_____) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (\$_____) (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Check in the amount of \$ <input type="checkbox"/> Other Enclosure(s) (please identify below):
<p align="center">Remarks</p> <p align="center"><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees  required or credit any overpayments to Deposit Account No. 14-1138 for the  above identified docket number.</p>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

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Registration No. 40,087	

**CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]**

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